

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Examiner: Unassig	ned
YASUHIKO IKEDA)	J	
Appln. No.: 09/905,101)	Group Art Unit: 26	RECEIVED
Filed: July 16, 2001)		
For: RECORDING APPARATUS	;)	August 7, 2003	AUG 0 8 2003
			Technology Center 2600

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Further to the Information Disclosure Statement filed December 10, 2001, in compliance with the duty of disclosure under 37 CFR 1.56 and in accordance with the practice under 37 CFR 1.97 and 1.98, the Examiner's attention is directed to the document listed on the enclosed Form PTO-1449. A copy of the listed document is also enclosed.

It is respectfully requested that the above information be considered by the Examiner and that a copy of the enclosed Form PTO-1449 be returned indicating that such information has been considered.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO

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FORM PTO 1449 (modifie	ed) •		AUG U 7 2003	03560.002858 APPLIC		ATION NO. 09/905,101	
PATENT AND TRADEMARK OFFICE		APPLICANT YASUHIKO IKEDA					
(Use several sheets if necessary)		FILING DATE July 16, 2		GROUP 2622			
Date Submitted to PTO:	Augus	17, 2003					
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*EXAMINER'S INITIAL		NUMBER	DATE	NAME	CLASS	SUBCLASS	APPROPRIATE
		6,419,409	9 07/2002	Ueda et al.			
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	<u> </u>		FOREIG	I GN PATENT DOCUMENTS			
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES/NO/ OR ABSTRACT
	1	OTU	ER DOCUMENT(S) (In	Louding Author, Title, Date, Perting	ent Pages Ftc.)	<u> </u>	1
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EXAMINER				DATE CON	ISIDERED		

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.